

**Sample Application Form  
for Persons with Vision Disabilities**



## SAMPLE ADA PARATRANSIT APPLICATION FORM

### For Applicants With Vision Disabilities

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, please call Your Transit (999-999-9999) for assistance before your appointment. In order to be considered complete, every question on the application must be answered. Please bring your completed application to your appointment. If you would like to complete the application by telephone, please call Your Transit (999-999-9999) for assistance.

The purpose of this form is to provide an opportunity for you to describe barriers in the environment or other personal barriers that prevent you from using Your Transit bus service. Tell us which places you are having trouble getting to, where you would like to go but cannot, and what prevents you from using the bus for these destinations. The more information you provide, the better Your Transit will understand your transportation needs and travel challenges.

#### **Please Print:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I certify that the information provided in this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed if the applicant was helped by another person in the completion of the application.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Will you need future materials in an accessible format? If yes, circle one:

Braille

Large Print

Audio Cassette

Computer disc

## A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY DEVICES

**Please attach a visual acuity statement.**

1. Cause of vision loss/ diagnosis \_\_\_\_\_
2. List any other disabilities or conditions which affect your ability to use the bus:  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you totally blind? \_\_\_\_ Yes \_\_\_\_ No .                      If yes, skip to question # 8
4. My vision is worse during these conditions:  
  
\_\_\_\_\_ Bright sunlight  
\_\_\_\_\_ Dimly lit or shaded places  
\_\_\_\_\_ Nighttime  
\_\_\_\_\_ About the same in all lighting conditions
5. My eye condition is considered to be:  
  
\_\_\_\_\_ Stable  
\_\_\_\_\_ Degenerative  
\_\_\_\_\_ Other (please explain): \_\_\_\_\_
6. I am able to use my vision consistently to identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:  
  
\_\_\_\_\_ The color of traffic lights  
\_\_\_\_\_ Pedestrian Walk / Don't Walk signals  
\_\_\_\_\_ Crosswalk markings  
\_\_\_\_\_ Curbs or curb ramps  
\_\_\_\_\_ Level changes along the walking path  
\_\_\_\_\_ Bus/transit stop signs that indicate location of stop
7. Anything else you wish to tell us about your vision in regards to mobility within the community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Most often, I use the following mobility aids when I walk outdoors:  
  
\_\_\_\_\_ sighted (person) guide  
\_\_\_\_\_ dog guide  
\_\_\_\_\_ long white cane  
\_\_\_\_\_ optical devices (telescope, light, special glasses, etc.)  
\_\_\_\_\_ none of the above  
\_\_\_\_\_ Other (Please list) \_\_\_\_\_

9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

10. My hearing is normal. \_\_\_ Yes \_\_\_ No

If NO, please describe your functional hearing problems.

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11. When necessary, I can rely upon traffic sounds to help me cross the street

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

**B. INFORMATION ABOUT YOUR CURRENT USE OF LOCAL BUS SERVICE**

1. Do you currently use Your Transit bus service by yourself at all?

\_\_\_ Yes \_\_\_ No

**If YES, continue, If NO, go to question #6.**

2. If yes, how often? (Circle the choice that best applies to you)

\_\_\_ Daily \_\_\_ Several times per week \_\_\_ At least once per month \_\_\_ Rarely

3. When was the last time you independently used Your Transit bus service? \_\_\_\_\_

4. Are you able to travel on the bus without the assistance of another person?

\_\_\_ Always \_\_\_ Sometimes \_\_\_ Never

5. If you need the assistance of another person, what assistance does this person provide?

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6. You indicated that you do not use the bus. Why not? (check all that apply)

\_\_\_ The closest stop is too far from my house  
\_\_\_ I don't know how to ride the bus  
\_\_\_ I can't walk by myself between the bus stop and my destination  
\_\_\_ I'm afraid to use the bus  
\_\_\_ I don't want to use the bus  
\_\_\_ Other (explain) \_\_\_\_\_

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### **C. MOBILITY TRAINING**

1. Have you ever received mobility training? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, do you think you would like to participate in mobility training: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which agency provided your training? \_\_\_\_\_  
Location of agency \_\_\_\_\_  
Do you feel your instructor has information relevant to your ability to use fixed route transit?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Did you receive instruction in bus travel in this community?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Did you successfully complete training to use the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which route(s) did you learn? \_\_\_\_\_  
Which destinations did you learn? \_\_\_\_\_  
If you did not master fixed routes, why not? \_\_\_\_\_

### **D. TELL US ABOUT YOUR ABILITY TO TRAVEL**

1. My widest area of independent travel is:  
\_\_\_\_\_ a. My own property  
\_\_\_\_\_ b. Places within the same block of my residence  
\_\_\_\_\_ c. Restricted to specific routes I know (such as home to work,  
(home to shopping, home to church, etc)  
\_\_\_\_\_ d. Practically anywhere in the community
2. The reason(s) I do not travel independently within the community include (check all that apply) :  
\_\_\_\_\_ a. I have never been taught.  
\_\_\_\_\_ b. My neighborhood is too dangerous (crime, vulnerability).  
\_\_\_\_\_ c. I don't want to travel beyond my immediate neighborhood alone.  
\_\_\_\_\_ d. Environmental barriers prevent me. (Ex: no sidewalks, very busy  
intersection, etc.)  
\_\_\_\_\_ e. Other please explain \_\_\_\_\_  
\_\_\_\_\_

3. My independent travel using fixed route bus service is restricted because I have difficulty with:  
(Check all that apply, and add more information as needed)

☐ negotiating large parking lots to get to business entrances  
☐ walking in areas without sidewalks  
☐ traveling to new areas  
☐ crossing streets between my home & the bus stop  
☐ traveling in inclement weather  
☐ other – please explain \_\_\_\_\_  
\_\_\_\_\_

4. I can cross streets independently under the following conditions: (check all that apply)

- a. At quiet streets with very little traffic (stop signs or no traffic control) ☐ Usually ☐ Sometimes ☐ Never
- b. At most traffic lights ☐ Usually ☐ Sometimes ☐ Never
- c. Anywhere ☐ Yes ☐ No
- d. Never ☐ Yes ☐ No

#### F. YOUR CURRENT TRAVEL

Please list the destinations for which you think you need paratransit, and the reasons why you are unable to use fixed route service for those trips.

1. Destination: \_\_\_\_\_  
Reasons why fixed route service cannot be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Destination: \_\_\_\_\_  
Reasons why fixed route service cannot be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Destination: \_\_\_\_\_  
Reasons why fixed route service cannot be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please read the following statements and check those that best describe what you believe is your ability to use Your Transit service by yourself. You may check as many as apply to you:

- \_\_\_\_\_ I use Your Transit for some trips, but sometimes there are barriers that prevent me from using the bus.
- \_\_\_\_\_ I use the bus frequently, on familiar routes to familiar destinations
- \_\_\_\_\_ I use the bus to go to new places.
- \_\_\_\_\_ I believe I could learn to ride the bus if someone taught me
- \_\_\_\_\_ I am not able to use the bus by myself
- \_\_\_\_\_ The severity of my disability can change form day to day. I ride the bus when I am feeling well
- \_\_\_\_\_ Some weather conditions prevent me from getting to and from the bus stop
- \_\_\_\_\_ I can get to and from the bus stop if the distance is not too great
- \_\_\_\_\_ I can use the bus except when I have no orientation to new transfer points or between the bus stop and my final destination.
- \_\_\_\_\_ The bus does not always go to where I want to go

### **YOUR FUNCTIONAL ABILITY**

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Answers to these questions should be based on your physical or cognitive ability to perform this activity independently with or without mobility equipment.

#### **Without the help of some else, can you:**

1. Use the telephone to get information?  
\_\_\_\_\_ Always          \_\_\_\_\_ Sometimes          \_\_\_\_\_ Never          \_\_\_\_\_ Not Sure
2. Travel one level block on the sidewalk if the weather is good?  
\_\_\_\_\_ Always          \_\_\_\_\_ Sometimes          \_\_\_\_\_ Never          \_\_\_\_\_ Not Sure
3. If you are able to do this, how long does it take you?  
\_\_\_\_\_ Less than five minutes          \_\_\_\_\_ Five to ten Minutes          \_\_\_\_\_ Not Sure



4. Travel three level blocks on the sidewalk, when the weather is good?  
\_\_\_\_ Always      \_\_\_\_ Sometimes      \_\_\_\_ Never      \_\_\_\_ Not Sure
5. If you are able to do this, how long does it take you?  
\_\_\_\_ Less than ten minutes      \_\_\_\_ Ten to fifteen minutes      \_\_\_\_ Not Sure
6. Wait ten minutes in good weather at a bus stop that does not have a seat and a shelter?  
\_\_\_\_ Always      \_\_\_\_ Sometimes      \_\_\_\_ Never      \_\_\_\_ Not Sure
7. Step on and off the curb from a sidewalk?  
\_\_\_\_ Always      \_\_\_\_ Sometimes      \_\_\_\_ Never      \_\_\_\_ Not Sure
8. Find your own way to the bus stop, after being shown?  
\_\_\_\_ Always      \_\_\_\_ Sometimes      \_\_\_\_ Never      \_\_\_\_ Not Sure

**Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Your Transit bus or T service:**

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### **EMERGENCY CONTACT**

May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Please review each of your answers to make sure that you have completed all of the questions to the best of your ability. Also, please complete the “Release of Information” form on the following page.**

**\*\*\* Thank you \*\*\***

**Information from your Mobility Specialist/Instructor or other professionals will help us with our understanding of your travel abilities and needs. Please complete the following Release of Information and identify individuals we might contact.**

### **Release of Information**

**I receive services from the following rehabilitation facility, health care professional, mobility instructor, or agency which is familiar with me. You have my permission to contact them to obtain information about my disability and travel abilities for the purpose of determining my eligibility for ADA paratransit service.**

**(Please use a separate form for each agency)**

My name: \_\_\_\_\_

Name of professional who is familiar with me: \_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**I understand that this information will be held by (name of transit agency) in the strictest confidence and will not be shared with any other person or agency, except the professionals involved in my eligibility determination. This form will permit the professional listed to release information to (name of transit agency) up to 60 days from the date below.**

**I also understand that I may revoke this consent at any time by providing written notification.**

Signature of Applicant: \_\_\_\_\_

Guardian (if appropriate): \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_